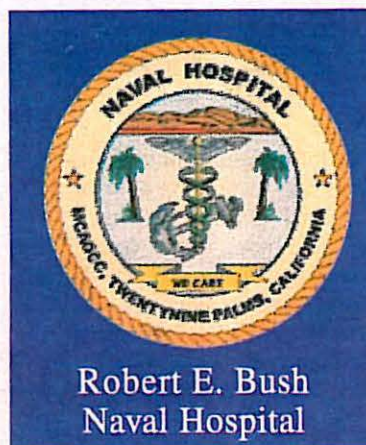


Check Out
Our
Superstars

Pages 4 & 5

Robert E. Bush
Naval Hospital

Historical Notes...

Operation Desert Storm
began on January 17, 1991The signing of the Vietnam
Peace Accord took place on
January 27, 1973

Inside...

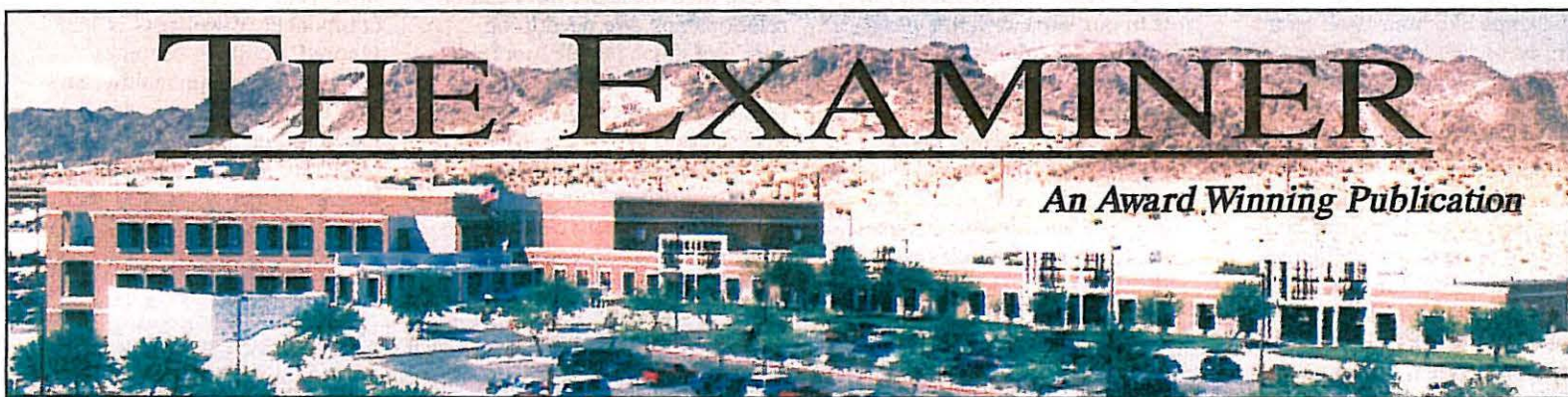
Ok, so you can bench
press 325 pounds, think
you are healthy? Maybe.
Maybe not. *page 2*

Each year Toys for Tots at
the Marine Corps Air
Ground Combat Center relies
on volunteers to make the
program a success, and this
year was no different as more
than 32 hospital staff mem-
bers and families donated
more than 230 hours of their
time to this year's drive. *page 3*

Glaucoma is a group of
diseases that can damage
the eye's optic nerve and
result in vision loss and
blindness. *page 6*

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From the Desk of the CO...

Naval Hospital Twentynine Palms Year in Review

Calendar Year 2007 has proven to be another successful year for the command as we met all readiness requirements while offering to our beneficiaries world class healthcare safely, efficiently, and effectively.

Throughout the year our officer and enlisted staff continued to deploy throughout the globe supporting the war on terror. Currently, 28 of our staff remain deployed while roughly 20 are on deck to deploy between early to mid calendar year 2008.

Continue to keep them and their family members in your thoughts.

Fully medically ready status for our own military staff has remained between 88 to 92 percent for four consecutive months now—the second highest of all commands in the Navy Medicine West Area of Responsibility—keep in mind that in September 2006, fully medically ready status for all military staff assigned to the command was roughly 42 percent.

Just last week I was informed that the fully medically ready status for the two Marine Corps commands we are responsible for here at Twentynine Palms, Headquarters and the Marine Corps Communications School, was at 63 percent and 86 percent respectively—in September 2006 the fully medically ready status was 0 to 10 percent respectively.

Not to be outdone, our Branch Health Clinic at China Lake, responsible for the medical readiness of 10 to 12 units, increased the fully medically ready status of these units from the low teens to the high 80s in most cases.

Our Branch Clinic at Bridgeport maintains the Marine's they service in the low 90 percent fully medically ready. An incredible achievement in all respects.

Despite only a six day window of opportunity levied by demobilization requirements, we responded magnificently to the healthcare needs of a 1300 person Reserve Marine Corps Battalion returning from Iraq.

We provided 350 audiology screens, 82 orthopedic appointments, 25 mental health appointments, 74 radiology studies in-house and arranged for 23 MRIs in the network. For our work, we were presented a Letter of Appreciation by the Commanding General, 4th Marine Division. At least in recent memory, never had a Reserve Battalion of this size and with this large number of healthcare needs, demobilized here at Twentynine Palms.

In October we successfully affected the most comprehensive business overhaul undertaken here. We expanded appointment offerings; we increased from 15 to 20 minutes patient appointments; we did away with the traditional four hour Wednesday administrative/training time; we extended the ancillary and administrative hours of operation to accommodate the expanded appointment offerings; we established written clinical business rules. Timely and accurate workload data remained a priority while transitioning to a Performance Based



Budget methodology (paid for workload or productivity) causing me to create and offer training to clinic business teams to better monitor, evaluate, and manage individual clinical department business operations. For the first time ever, the Navy Medicine-established Relative Value Unit (RVU) (outpatient workload metric) for the com-

Continued on page 7

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Here's to your Health...

Do you really know the meaning of Wellness?

Martha Hunt, MA Health Promotions Coordinator
Robert E. Bush Naval Hospital

Ok, so you can bench press 325 pounds, think you are healthy? Maybe. Maybe not.

Health and wellness is more complicated than how low your cholesterol level is or how many miles you run every day. If any one part of your life is out of balance, then your overall health and well being will suffer.

The World Health Organization (WHO) definition of health states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Wellness is a state of optimal well-being. It's not simply the absence of illness, but an improved quality of life resulting from balanced physical, social, mental, emotional, spiritual and environmental health.

The components of total wellness include: Spiritual, Physical, Mental, Emotional, Environmental and Social wellness. Spiritual wellness involves personal beliefs, morals and/or religion. It is how we find purpose in life and meaning in what we do and believe. Spiritual health is found in the philosophies that we live by. If we don't have something that guides us and gives us a moral foundation, then we will not be able to set goals and purpose in our life.

Physical wellness is how we best take care of our bodies given the physical restraints we may experience due to age or

physical condition. Just because someone age 50 is physically unable to accomplish what they did at age 20, it does not make them physically unfit. It simply means that their bodies have changed due to age. We need to simply do the best we can with the gifts we have. To that end, get an annual physical exam (including dental and eye exams) and be consistent with self-exams like breast self examinations of you are a woman and testicular cancer examinations for men.

Make sure you keep your immunizations up to date as well. Regular exercise and a balanced diet helps keep your body tuned up to meet the challenges of every day life. Be sure to find an activity that you enjoy, however, or you will resent having to exercise. When you engage in activity that you like, such as walking, then you are more likely to actually do it. Avoiding tobacco and alcohol further reduces your risk of cancer, heart and lung disease as well as other chronic diseases such as diabetes.

Mental wellness involves finding things that stimulate us intellectually and challenge us. If our jobs are boring or we simply sit home at night and play Nintendo or watch TV, then we stop growing intellectually and become bored. In fact, video game playing has been linked to attention deficit disorder in kids who play these games for more than one hour per day.

Emotional wellness is defined by how well we deal with stress. When we let stress run wild in our lives, our blood pressure and blood sugar rises and we are jit-

tery all the time. Think of stress as running the engine of your car in high gear all the time without moving out of your driveway. What would this do to your car? Stress does the same thing to our bodies. Stress left out of control wears away at our bodies and leaves us open to illness.

Environmental wellness refers to our overall environment, not just to our work or home environment. Are you exposed to too much noise or pollution in your neighborhood or at work? Are you exposed to second hand smoke, a known cancer causing agent? Is your work space and home comfortable and designed for safety? This includes wear-

ing seatbelts and making sure that safety controls are in place to prevent injury.

Social wellness is defined by the people around us. It is not defined by how many friends or family members we have, but by the quality of those relationships. If we surround ourselves with friends or family who wish us harm or who are angry or are users, then these are not healthy relationships. We need to be sure that those people around us really care about us and are supportive us, especially when we need help.

Social health also involves going out and meeting new people and staying active in our community. When you wall

yourself off from your community and family, you become lonely and isolated and that is very unhealthy. People who are socially isolated from family and community have been shown to die much younger and have much poorer quality of life.

Overall wellness is a life-long process that helps you to maximize your potential. If any one component of wellness is ignored, your life becomes unbalanced and unhealthy. So? You run 5 miles every day, based on the above components of health, are you really as healthy as you think you are?

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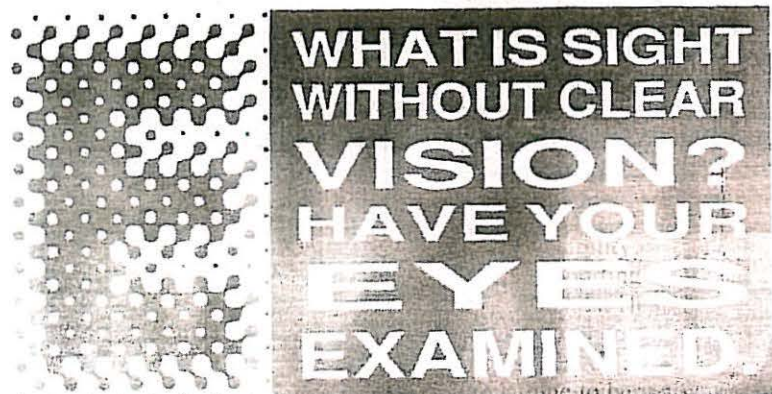
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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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Hospital Staff Play Major Role in Toys for Tots Program

Each year Toys for Tots at the Marine Corps Air Ground Combat Center relies on volunteers to make the program a success, and this year was no different as more than 32 hospital staff members and families donated more than 230 hours of their time to this year's drive.

Major Brian Manifor, the Marine Corps Air Ground Combat Center Toys for Tots Officer In Charge said, "Without the help from the Navy side, we would definitely be less of a program. I am deeply appreciative of the outstanding effort put forth from the hospital staff. I think the run (being the 1st annual) was a success. Like all events, most start out small, and then outgrow themselves quickly thereafter."

Lieutenant Michael Mero, as the Naval Hospital representative for the Toys for Tots Campaign, played a major role in enlisting the following volunteers from the hospital:

Mrs. Kerry Boman
YN2 Rosas
HM3 Atkinson

CSSN Rossonbickle
LT Panos
HM3 Groke
Susan Compton
HM3 Thornton
HM3 Holman
LT Westcott
LCDR Niles
HN Rodriguez
HM2 Hunter
HM3 Cook
HM2 Toston
CAPT Johnson
HM3 Prince
CS2 Woods
HM3 Rice
LTJG Underwood and Husband
LT Roullaine
HM2 Roberts
HM2 Magee
HM2 Emery

HM2 Petta
HM3 Bremmer
HN Brock
HA Joseph
HM3 Booher
HM3 McDurmon
HM3 Houston
Ethel Santos
HM3 Mata
HM2 White

According to Mero the majority of our staff volunteered to Man the Phone Hotlines and Bag and Tag toys for families for distribution. In addition, the Hospital also co-sponsored the 1st annual Naval Hospital and Headquarters Battalion Walk/Run Toy Drive. Mero stated, "This event was a success with approximately 70 toys donated and \$300 raised."

Toys were distributed to many grateful families in the local communities and to many of our military families assigned here.

Surgeon General Visits NSA Bahrain, Camps Arifjan and Buehring

*By Mass Communication Specialist 2nd Class Ron Kuzlik,
Commander, U.S. Naval Forces Central Command/Commander, U.S. 5th Fleet*

MANAMA, Bahrain (NNS) — Vice Adm. Adam M. Robinson Jr., the U.S. Navy Surgeon

General and Chief of Bureau of Medicine and Surgery visited the Branch Medical Clinic on



board Naval Support Activity (NSA), Bahrain Dec. 6.

His trip to area medical facilities in the U.S. Central Command (CENTCOM) area of responsibility was the first since assuming the duties and responsibilities as the Navy's top doctor in August.

The visit was intended to get a strategic view of the medical presence and services the Navy is providing to U.S. and Coalition forces in a region encompassing the Arabian Gulf, Red Sea, Gulf of Aden and parts of the Indian Ocean.

"We have the ultimate responsibility in ensuring the medical readiness of our warfighters to make sure that our medical forces are prepared, trained and deployed with the right capabilities to support our warriors," Robinson said.

ties to support our warriors," Robinson said.

After visiting Bahrain, Robinson headed to Camp Arifjan to meet with Navy hospital corpsmen, doctors, dentists and nurses at the home of the U.S. Army Central Command, the Army component commander for CENTCOM. It also houses a 44-bed U.S. military hospital primarily staffed by Navy personnel from Expeditionary Medical Facility-Kuwait (EMF-K).

Composed of 350 Navy medical personnel from 30 different healthcare facilities, EMF-K plays a vital role in supplying and sustaining combat operations by providing medical care to the approximately 20,000 coalition forces in the Kuwaiti

Theater of Operations.

"Trauma support, internal medicine, and preventive medicine are only a part of the equation," Robinson said. "The capabilities of EMF-K are so sophisticated because they include critical care, mental health, behavioral health and all forms of general and plastic surgery."

The Surgeon General then met with Navy medical personnel at Camp Buehring, Kuwait, 15 miles from the Iraqi border. Camp Buehring serves as the last training and staging base for troops heading into Iraq.

EMF-K provides medical care to another 10,000 Coalition troops at Camp Buehring, sustaining the warfighter and the war effort.

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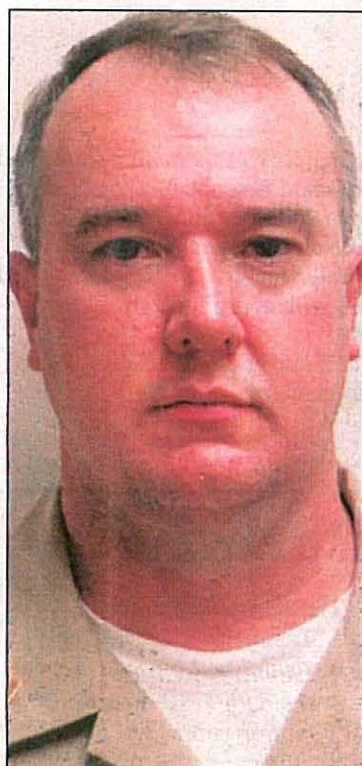
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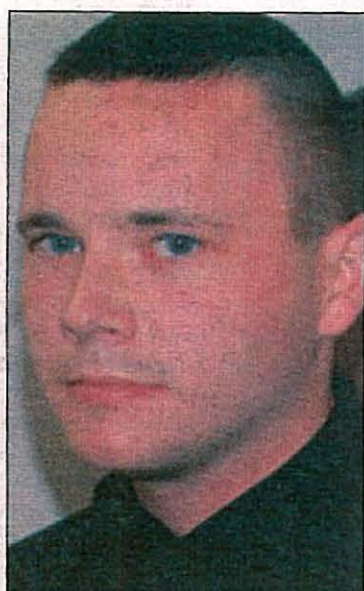
Super Stars



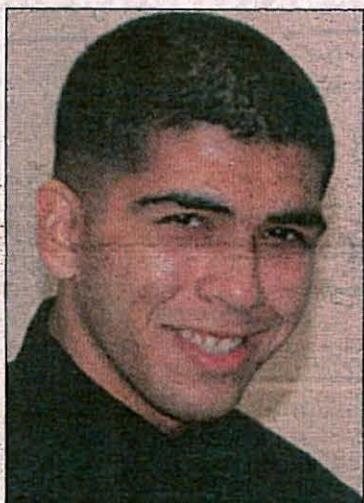
Ensign Gregory, Emergency Medicine Department, has been appointed as the "Boot" Ensign for the command



CS2 Leomar Claveria, Food Services Department, receives his second Good Conduct Award.



HN Paul Cohran, Emergency Medicine Department, receives a Letter of Commendation.



HM3 Joaquin Cruz, PACU-Recovery, receives a Navy and Marine Corps Achievement Medal.



Ann Denslow, Procurement Management, receives a Federal Length of Service Award.



HM2 Christine Emery, Emergency Medicine Department, receives a Navy and Marine Corps Achievement Medal.



HM3 Angel Gamboa, Patient Administration Department, receives a Navy and Marine Corps Achievement Medal.



HN Michael Haggland, Optometry Clinic, receives his first Good Conduct Award.



HM3 Michael Hart, Multi-Service Ward, receives a Navy and Marine Corps Achievement Medal.



CS1 Anthony Hooper, Food Services Department, receives his fourth Good Conduct Award.



Lt. Cmdr. Chris Niles, Emergency Medicine Department, receives a Gold Star in lieu of his second Navy and Marine Corps Commendation Medal.



HN Jose Rodriguez, Laboratory Department, receives his first Good Conduct Award.



Virginia Ward, Human Resources Specialist, receives a Federal Length of Service Award.

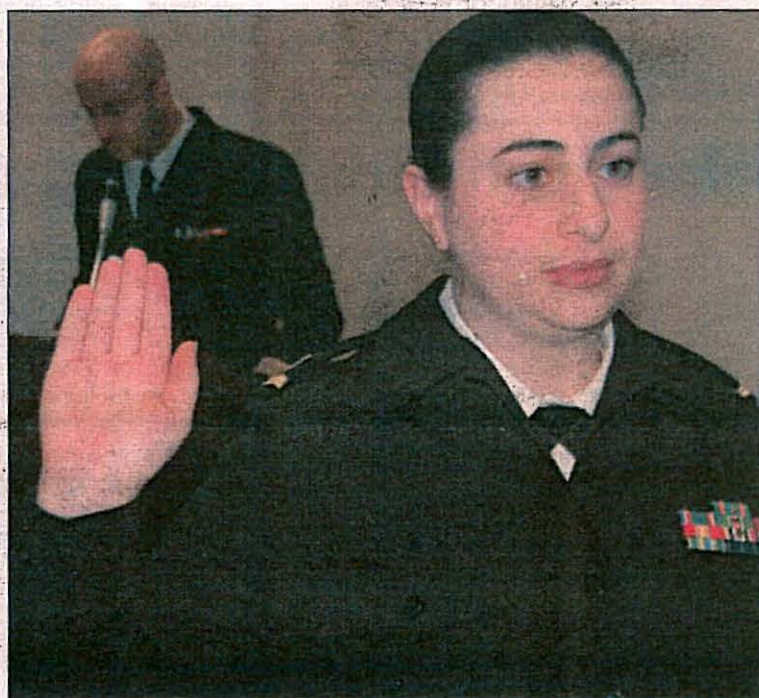


HM2 Matthew Watkins, DAC Clinic Management, receives a Navy and Marine Corps Achievement Medal.



Lt. Cmdr. Denise Breault, Laboratory Department Head and former acting Director for Clinical Services retires after 20 years of active duty.

HMC Ben Carbaloc, DAC Clinic Management, recently took the oath at his early morning reenlistment ceremony.



Lt.j.g. Elizabeth Angelo, Laboratory Officer, takes the oath at her recent promotion ceremony.

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January is Glaucoma Awareness Month -- Do you know your risk?

Martha Hunt, MA
Health Promotions Coordinator
Robert E. Bush Naval Hospital

What is glaucoma?
Glaucoma is a group of diseases that can damage the eye's optic nerve and result in vision loss and blindness. The optic nerve is the nerve that connects the back of your eye to your brain, allowing you to process what you see.

Glaucoma occurs when the normal fluid pressure inside the eyes slowly rises and damages the optic nerve. However, with early treatment, you can often protect your eyes against serious

vision loss.

Does increased eye pressure mean that I have glaucoma?

Not necessarily. Increased eye pressure means you are at risk for glaucoma, but does not mean you have the disease. A person has glaucoma only if the optic nerve is damaged. If you have increased eye pressure but no damage to the optic nerve, you do not have glaucoma. If you are at risk, follow the advice of your eye care professional.

Who is at risk for glaucoma?

Anyone can develop glaucoma. Some people are at higher risk than others. They include:

African Americans over age 40, everyone over age 60, especially Mexican Americans, and people with a family history of glaucoma. Tobacco use is also a contributor to glaucoma and is the leading cause of all types of blindness in the US. Call Health Promotions at 830-2814 if you wish to enroll in a tobacco cessation class.

Among African Americans, studies show that glaucoma is: Five times more likely to occur in African Americans than in Caucasians, about four times more likely to cause blindness in African Americans than in Caucasians, and 15 times more likely to cause blindness in African Americans between the ages of 45-64 than in

Caucasians of the same age group.

A thorough, dilated eye exam can reveal more risk factors, such as high eye pressure, thinness of the cornea, and abnormal optic nerve anatomy. In some people with certain combinations of these high-risk factors, medicines in the form of eye drops reduce the risk of developing glaucoma by about half.

What are the symptoms of glaucoma?

At first, there are no symptoms. Vision stays normal, and there is no pain. However, as the disease progresses, a person with glaucoma may notice their side vision gradually failing.

This means that objects in front may still be seen clearly, but objects to the side may be missed.

Can glaucoma be treated?

Yes. Immediate treatment for early stage, glaucoma can delay progression of the disease making early diagnosis very important.

What can I do if I already have lost some vision from glaucoma?

If you have lost some sight from glaucoma, ask your eye care professional about low vision services and devices that may help you make the most of your remaining vision.

Getting Behavioral Health Treatment is Easy with TRICARE

FALLS CHURCH, Va. -- TRICARE wants its non-Active Duty beneficiaries to know that if they need help, there is no reason to hesitate.

Non-Active Duty beneficiaries may make their first eight outpatient behavioral health care visits per fiscal year (October 1 September 30) without a referral from a primary care manager or prior authorization from their managed care support contractor (MCSC).

Family members sometimes avoid getting treatment because they fear it could reflect poorly on the Service member.

"TRICARE makes it faster, easier and more private for families to get treatment by elimi-

nating the referral and authorization process for the first eight visits," said Army Maj. Gen. Elder Granger, deputy director, TRICARE Management Activity. "It is important for families to seek treatment for behavioral health symptoms as early as possible."

To avoid the 50 percent cost share for behavioral health visits, TRICARE Prime beneficiaries must seek care from a TRICARE network provider, and TRICARE Overseas Program beneficiaries must seek care from an Overseas Partnership provider. TRICARE Standard beneficiaries are encouraged to seek care from a TRICARE authorized provider to reduce

their out-of-pocket expenses.

Beneficiaries may seek help from the following TRICARE authorized behavioral health professionals: Psychiatrists, clinical psychologists, certified psychiatric nurse specialists, clinical social workers, and certified marriage and family therapists.

After the first eight visits, the beneficiary must obtain authorization from their MCSC for additional visits.

An anonymous behavioral health self-assessment aid is available at www.militarymentalhealth.org/chooselang.asp. The Military One Source Web site at www.militaryonesource.com is

also useful for resources and information on behavioral health.

For more information about treatment options, providers or

prior authorization requirements, visit the mental health and behavioral page at www.tricare.mil.

Spotting Family Health Risks Result in a Life Saving Gift

FALLS CHURCH, Va. -- People use genealogy to trace their family trees, or to find a specific person in a family's past. Like a family tree, the health history of blood relatives can help primary care managers (PCMs) predict maladies to which you may be at risk.

Many experts think that family health history is the best 'genetic test' available. Certainly it is the most readily accessible and cheapest, and there is no time like holiday gatherings to share family history.

The United States Surgeon General has even provided a My Family Health Portrait tool at www.surgeongeneral.gov/familyhistory in partnership with other Department of Health and Human Services agencies.

For years, health care professionals have known that common diseases such as heart disease, cancer and diabetes and rare diseases, such as sickle cell anemia, hemophilia and cystic fibrosis, can run in families. If one generation of a family has breast cancer, the next is often at a high risk of developing it.

TRICARE Management Activity recognizes the importance of knowing family health history and early detection. For instance, TRICARE recently

Continued on page 7

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Spotting Family Health Risks...

Continued from page 6

began covering magnetic resonance imaging (MRI) screening for women in their thirties who have a high risk of developing breast cancer. The American Cancer Society has clear guidelines defining high risk, and family history is a factor in that risk assessment.

"We want these women to have every chance to detect any cancer at the earliest possible stages," said Army Major General Elder Granger, Deputy Director, TRICARE Management Activity.

"An MRI is an exceptional tool for screening the highest risk women for breast cancer," he added.

Beneficiaries with a family history of colorectal cancer may

be eligible to have a colonoscopy more frequently and at an earlier age. PCMs need to know health history to reduce the risk of developing this disease.

Use the My Family Health Portrait page to help. It is designed to be completed at home and serves as a starting point for a broader discussion of disease screening with health care providers. In addition to providing estimates of inheritable disease risk, a careful family health history can provide insights into family dynamics, shared environmental factors, and patient health concerns.

Americans know that family history is important to health. A recent survey found that 96 per-

cent of Americans believe knowing their family health history is important. Yet, the same survey found that only one-third of Americans have ever tried to gather and write down their family's health history.

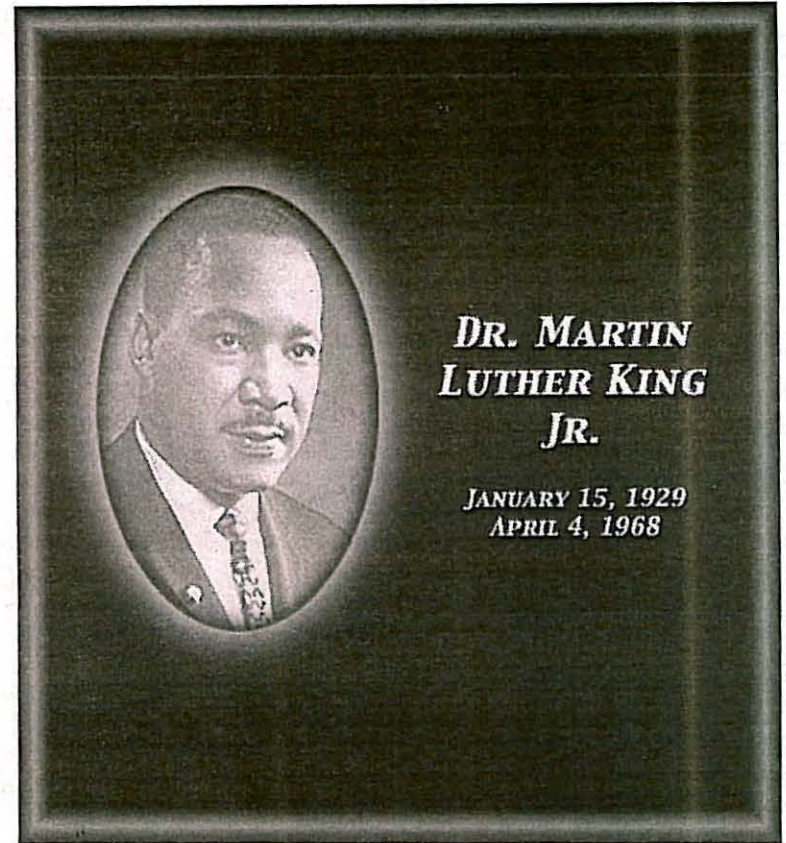
Here are a few tips:

- * Take the time to complete a family health history, share it with children, grandchildren and siblings.

- * Print off a copy and take it to the next primary care provider appointment.

- * Make sure the most accurate and updated family history has been documented in medical records.

- * Ask about any special screenings because of specific family history.



Year in Review...

Continued from page 1

mand's primary care area as a whole (family medicine; pediatrics; internal medicine) was not only met but exceeded in October and again in November. As far as our records go back, we have never even come close to meeting the monthly goal. Moreover, the RVU encounter average of .81 was exceeded by all three individual primary care departments in both October and November.

The management of our finances, equipment, supplies and facilities and especially the responsiveness to both internal and external customer needs have never been better while procuring almost 100 percent of supply and equipment needs presented by our departments and executing almost to the dollar our 25 million dollar budget.

The Deployment Health Clinic (DHC), directly aligned and chartered to service the Marine Corps and Navy warfighters returning from deployment supporting the war on terror, fully stood up in February 2007 and was the first in the Navy Medicine West Area of Responsibility to complete and begin reporting Post-Deployment Health Re-assessment numbers. The DHC's processes on a variety of fronts continue to be singled out as

best practices while continuing to expand with significant outreach programs to the servicing Marine Corps Battalions here at Twentynine Palms. Under the DHC umbrella and consistent with Commander, Navy Medicine West's vision to position adequate resources on-site to respond to Traumatic Brain Injury screening, evaluation, and treatment, an initiative is moving forward to increase the DHC/TBI provider and support personnel staffing picture.

Having a more robust DHC/TBI capability on-site portends greater patient satisfaction for Marines and Sailors who

currently transport to San Diego or Camp Pendleton for their care.

Our community efforts and partnerships continue, while sending staff to Naval Hospital Lemoore, Naval Medical Center, San Diego, Naval Hospital, Camp Pendleton, Naval Hospital, Yokosuka, and Naval Medical Clinic, Hawaii to help with their staffing shortages resulting from deployments and gapped billets. In October, as a result of the horrible fires in San Diego County, we responded to a call for help from Commander, Navy Medicine West subsequently sending to

the Naval Medical Center, San Diego 16 staff members to care for 40 displaced civilian nursing home patients. In typical fashion, our 16 staff members performed superbly. Our Color Guard continues to participate in both military and civilian events throughout the San Bernardino County as well as the Morongo Basin and Coachella Valley Communities, always presenting impeccably and with honor. As a command and Navy family, we responded with honor, dignity, and respect in all aspects following the tragic loss of our shipmate Hospitalman Brian Bugayong due to a motor vehicle accident—Brian's family members remain forever grateful for our show of support.

What I have provided above is

only a fraction of what we, as one command have done, and may take pride in together. Both individually and collectively, whether in a clinical, administrative, or ancillary work assignment, we remain together as one team and what we have accomplished is a testament to the adage, "working together works." I thank you and your families for your service and sacrifice and wish all of you continued success. And to our new Navy family members from the Bridgeport Clinic, welcome aboard—you have made us stronger and better.

Very respectfully,
CAPT Mark Boman
Commanding Officer

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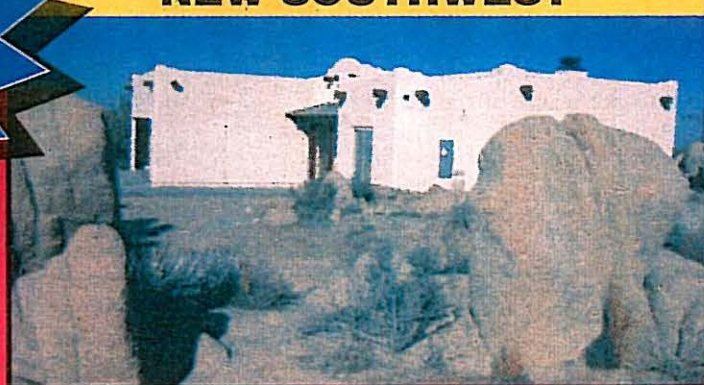


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